

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000051

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 002 Primary Registration District No. 4009 Registrar's No. 26

FILED JAN 21 1963

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| 1. PLACE OF DEATH a. COUNTY <u>Andrew</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Savannah</u> | | c. CITY OR TOWN <u>Savannah</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>206 West Main</u> | | d. STREET ADDRESS (If outside, give location) <u>206 West Main</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Amber Belle Eychaner</u> | | | 4. DATE OF DEATH Month Day Year <u>January 15, 1963</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4-2-96</u> | 9. AGE (last birthday) <u>66</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>never worked</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>- - -</u> | | 11. BIRTHPLACE (City and state or country) <u>Newton, Iowa</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U S A</u> | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>S. A. Eychaner</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ella Kinyon</u> | | 14. NAME OF HUSBAND OR WIFE <u>- - - - -</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>- - - - -</u> | | 17. INFORMANT Address <u>Mrs. John Humphrey, Savannah, Mo</u> | |

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| 18. CAUSE OF DEATH (Enter only one cause or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial degeneration</u> Interval between ONSET AND DEATH <u>years</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |

21. I attended the deceased from April 1, 1959 to Jan. 15, 1963 and last saw her alive on Jan. 14, 1963
Death occurred at 4:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>W. B. Spawell</u> (Degree or title) <u>MD.</u> | 22b. ADDRESS <u>307 W. Main, Savannah, Mo.</u> | 22c. DATE SIGNED <u>1/16/63</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>1-17-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Savannah, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Breit & Hawkins Savannah</u> | 25. DATE RECD. BY LOCAL REG. <u>1-17-63</u> | 26. REGISTRAR'S SIGNATURE <u>Berlin D. Shilline</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jarrett B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.